

Mental Health Update February 16, 2007

Vermont Integrated Services Initiative (VISI) Steering Committee Meeting

The first VISI Steering Committee was held on Friday, February 9th. Over 60 people including guests representing a range of state agencies, provider agencies, fields and other interests attended the meeting. The meeting highlighted VISI's main goal which is to increase the number of Vermonters who are screened, assessed and treated for cooccurring mental health and substance use conditions. VISI's objectives are to build Vermont's statewide infrastructure and better connect and streamline the work done at the state, provider and consumer levels to accomplish this goal. VISI is also focusing on forging stronger relationships between mental health, substance use and primary health care providers in order to build a more comprehensive system of health care. At the first meeting, a committee structure was proposed for a seven member executive committee which would set the agenda and the framework for the larger steering committee and subcommittee work that would initially focus on financial planning and clinical practices. There would also be representation from the steering committee on the state operations team whose role it is to better integrate the Divisions of Mental Health and Alcohol and Drug Abuse Programs on the state level. The next full Steering Committee meeting will be Friday, May 11th. Thanks to all who are involved and committed to this initiative.

Supported Employment Statewide Retreat

On February 7-8, 2007 supported employment staff, consumers, supervisors, and state leaders from multiple disability groups and agencies gathered at Lake Morey Resort to engage in a facilitated dialogue about the present state of supported employment in Vermont. This is the first gathering in over 10 years to address this topic. As part of this retreat, the group reviewed the history of supported employment, celebrated successes, identified strengths and gaps in services/needs and planned strategies for immediate and mid-term action steps to ensure the future success of supported employment. The participants, including representatives from mental health, acknowledged how far we have come in regard to helping those with disabilities obtain employment and how much work still needs to be done. Community Rehabilitation and Treatment programs (CRT) have maintained a statewide yearly employment rate of 28 percent. The group acknowledged it would like to see this percentage increase.

The Vermont Department of Health, Division of Mental Health Adult Services Director, Frank Reed, attended the retreat on the second day to learn more from the participants and to work with them to find solutions. His presentation was well received and provided

the mental health representatives with encouragement and renewed energy for the tremendous work that they do around supported employment. For the future, the identified goals included continuing work of local community action groups, a stronger focus on rural transportation issues, increased funding for employment services and programs, strengthened relationships with local businesses, and efforts to eliminate stigma through public relation efforts. Lastly, the group expressed interest in meeting again next year rather than waiting another 10 years.

Deputy Commissioner's Report on Act 114 to the Legislature

As required by the statute, Deputy Commissioner Michael Hartman sent the annual report on the administration of involuntary psychiatric medications to the legislature this week. Deputy Commissioner Hartman notes three areas of concern in regard to this law:

- 1. administration of medication to a person already under legal guardianship,
- 2. the issue of a stay of an order granted by the court when a patient appeals such an order, and
- 3. a proposal as to whether or not it is advisable to seek to have both the commitment and involuntary medication hearing consecutively on the same day.

The Deputy Commissioner plans to be engaging members of our stakeholder community (legislators, attorneys, providers, advocates, and consumers) in discussions about these issues in the very near future. He hopes that this report will serve to inform our future discussions on:

- 1. the ability of the Vermont State Hospital to treat persons refusing medication;
- 2. how we improve clinical planning such that it better addresses aggressive behaviors in the treatment setting; and
- 3. how persons with less than optimal behavioral self-management might proceed toward discharge without undue risk to the community to which they wish to return.

FUTURES PROJECT

Care Management Group

The Care Management Group will focus its efforts throughout this calendar year on monitoring the work products of the contractor selected to assist in developing the care management system, and in providing oversight and review of the implementation pilot. The Care Management Group will accordingly move to a quarterly meeting schedule.

Three Proposals for Developing Crisis Bed Programs Submitted

In response to the Request for Proposals (RFP) soliciting proposals to develop up to four crisis beds, the Department has received five proposals for review. Two of the proposals have been eliminated from review at this time because the proposed budgets exceed the available allocation. The remaining three proposals, listed below, will be presented at a public meeting on Tuesday, February 20, 2007 from 3-6:00 p.m. at the Hampton Inn in Colchester. The proposals are as follows:

- Counseling Service of Addison County: Two Crisis Beds
- Northwestern Counseling and Support Services: Two Crisis Beds and one Hospital Observation Bed
- Northeast Kingdom Human Services: Two Crisis Beds

The completed proposals are posted on the Mental Health website, and a public hearing on the proposals will be held on Monday, February 26, 2007.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 49 as of midnight Wednesday night. The average census for the past 45 days was 52.